



LOCAL HELP FOR PEOPLE WITH MEDICARE

ASK SHIP

YOUR MONTHLY MEDICARE Q&A

Q: I just got Medicare, and I don't know if Medicare covers any mental health benefits like my employer insurance did. What does Medicare cover?

A: Medicare covers one depression screening per year. The screening must be done in a primary care doctor's office or primary care clinic that can provide follow-up treatment and referrals. You pay nothing if your doctor or other health care provider accepts Medicare assignment.

Q: After I meet my Medicare Part B deductible, how much of my mental health services will be covered?

A: For outpatient treatment of your condition, you pay 20% of the Medicare-approved amount once you have paid your yearly Medicare Part B deductible.

Q: What kind of mental health services are covered? If you receive mental health services outside of the hospital, such as in a clinic, doctor's office, or hospital outpatient department, Medicare Part B typically helps pay for the following covered services:

- Individual and group psychotherapy.
- Diagnostic tests.
- Family counseling if the main purpose is to help with your treatment.
- Testing to make sure you're getting the services and treatment you need.
- Psychiatric evaluation.
- Medication management.
- Occupational therapy that's part of your mental health treatment.
- Certain prescription drugs that aren't usually "self-administered".
- Individual patient training and education about your condition.

Q: What's the difference between outpatient and inpatient treatment; or partial hospitalization and hospitalization?

If you receive inpatient mental health services, Medicare Part A helps pay. These services can be either in a general hospital or in a psychiatric hospital that only cares for people with mental health conditions. If you're in a psychiatric hospital, Part A pays for up to 190 days of inpatient psychiatric hospital services during your lifetime.

If you receive mental health services outside of the hospital, such as in a clinic, doctor's office, or hospital outpatient department, that is typically considered an outpatient service.

Q: What is a benefit period?

A: A benefit period begins the day you're admitted as an inpatient in a hospital or in a skilled nursing facility (SNF). The benefit period ends after you haven't had any inpatient hospital care or skilled care in a SNF for 60 days in a row. If you go into a hospital or SNF again after 60 days, a new benefit period begins, and you must pay a new deductible for any inpatient hospital services you get.

There is no limit to the number of benefit periods you can have for mental health care in a general hospital. You can also have multiple benefit periods when you get care in a psychiatric hospital, but there is a lifetime limit of 190 days.

If you have any questions about Medicare's coverage of Mental Health Services, or any questions related to Medicare, call SHIP at 1-800-452-4800, 1-866-846-0139 TDD or online at www.medicare.in.gov.

SHIP is a free, unbiased counseling program provided by the Indiana State Department of Insurance.